

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11836

State File No.

FILED MAY 7 1948

Registration District No. 24

Primary Registration District No. 4110

Registrar's No. 26

1. PLACE OF DEATH

(a) County Chariton
(b) City or town Salisbury
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community all
years, months or days)

3. (a) PRINT FULL NAME

Ida May Ebert

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

female

5. Color or

race W

6. (a) Single, widowed, married,

divorced MO

6. (b) Name of husband or wife

Fred Ebert

6. (c) Age of husband or wife if

alive 28

years

7. Birth date of deceased

Oct

15

1874

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

73

5

12

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

MO

10. Usual occupation

Housewife

11. Industry or business

12. Name

John Schneider

13. Birthplace

(City, town, or county)

(State or foreign country)

Ill.

14. Maiden name

Catherine Frederick

15. Birthplace

(City, town, or county)

(State or foreign country)

Ill.

16. (a) Informant

Mrs. Benjamin Kolling

(b) Address

Salisbury Mo

17. (a)

Burial

(b) Date thereof

31

29

48

(Burial, cremation, or removal)

(Month)

(Day)

(Year)

(c) Place: burial or cremation

Salisbury

18. (a) Signature of funeral director

Geo. B. Winkelmeyer

(b) Address

Salisbury Mo

19. (a)

4-12-48

(b)

W. H. Redding

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Salisbury
(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country?

No

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1948 hour 4 minute 30 a. m.

21. I hereby certify that I attended the deceased from

June 28, 1944, to March 27, 1948
that I last saw her alive on March 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic rheumatiz myocarditis
with mitral stenosis

Duration

not known

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(c) Means of injury

23. Signature

(M. D. or other)

Address

Date signed 4-6-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-5-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed

Chas B Winkelmeyer

Licensed Embalmer No.

3842

P. O. Address

Salisbury Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.